

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039737

1. Entity Name

FIRST BROKERING GROUP CORPORATION

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90233 025 \*\*\*150.00

Principal Place of Business

2919 EAST COMMERCIAL BOULEVARD  
 SUITE A  
 FT. LAUDERDALE FL 33308

Mailing Address

2919 EAST COMMERCIAL BOULEVARD  
 SUITE A  
 FT. LAUDERDALE FL 33308-4207

2. Principal Place of Business

2800 E. Commercial Blvd #208  
 Suite, Apt. #, etc.

3. Mailing Address

2800 E. Commercial Blvd #208  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

4. FEL Number

65 0918106

Applied For

Not Applicable

Country

33308

Country

33308

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

KATZ, ALLEN H P.A.  
 2919 EAST COMMERCIAL BOULEVARD  
 SUITE A  
 FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

2800 E. Commercial Blvd

#208

FT. LAUDERDALE

FL

33308

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

☐

\$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
 NAME ALFRED KOBLER  
 STREET ADDRESS 2800 E. Commercial Blvd #208  
 CITY-ST-ZIP FT. LAUDERDALE, FL

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-00

CR2E034 (9/99)